



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

April 12, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:14 Reporting for the week ending 04/06/13 (MMWR Week #14)

CURRENT HOMELAND SECURITY THREAT LEVELS

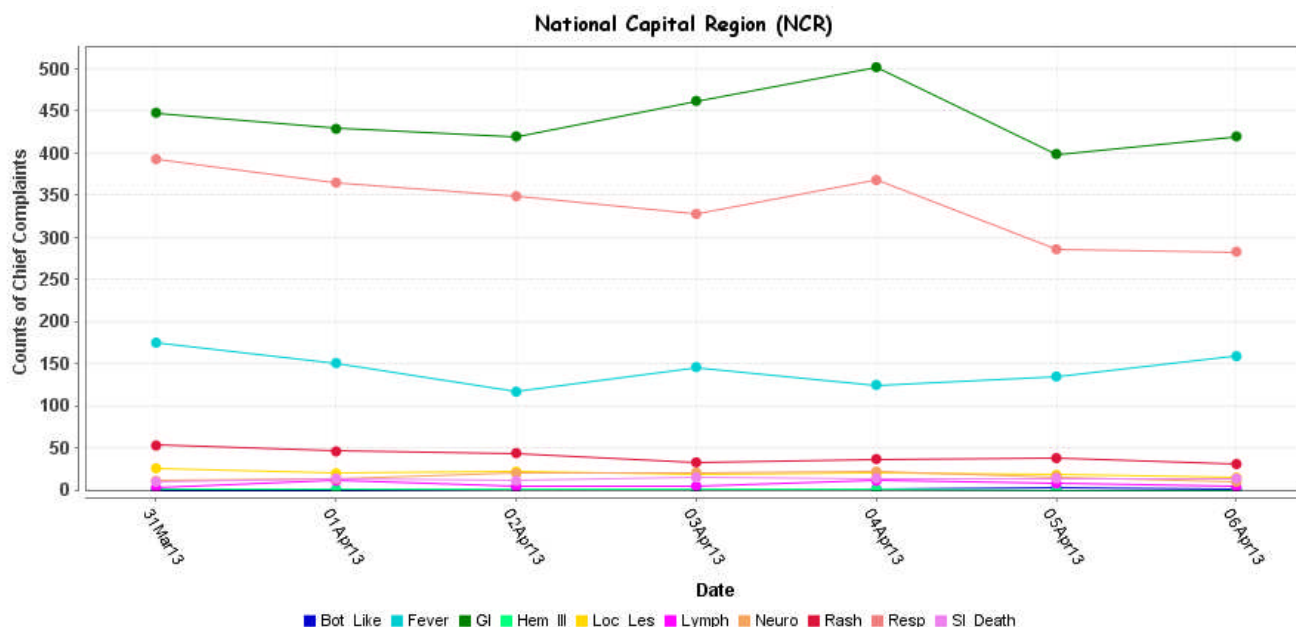
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

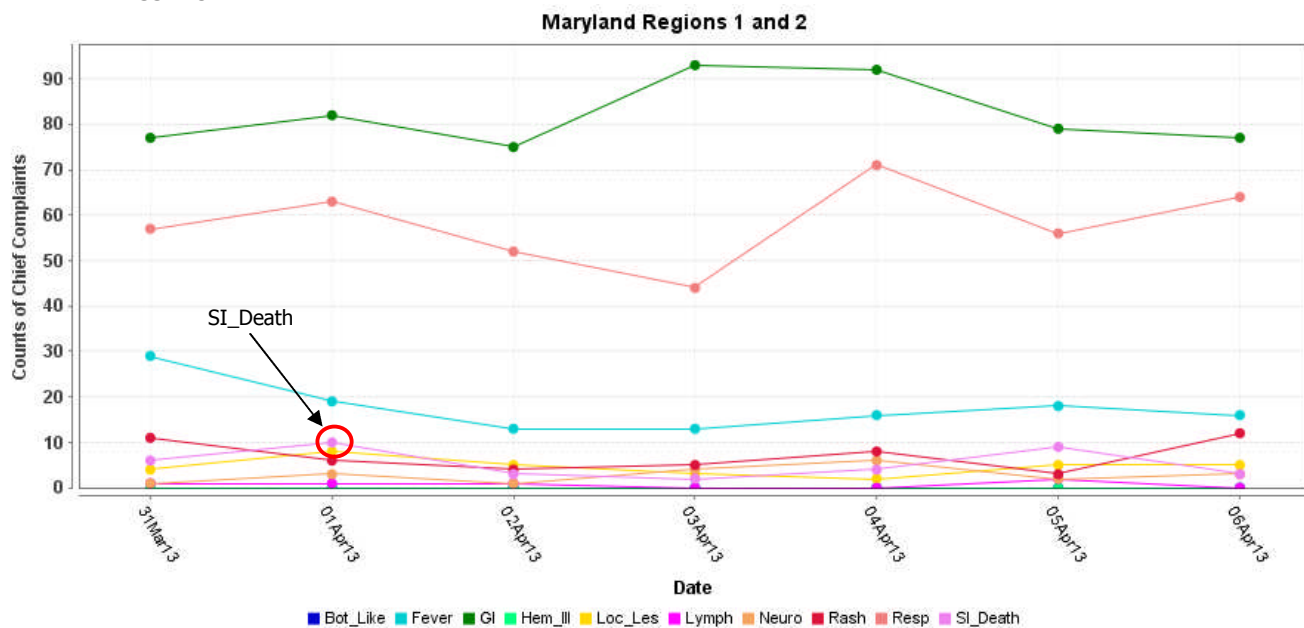
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

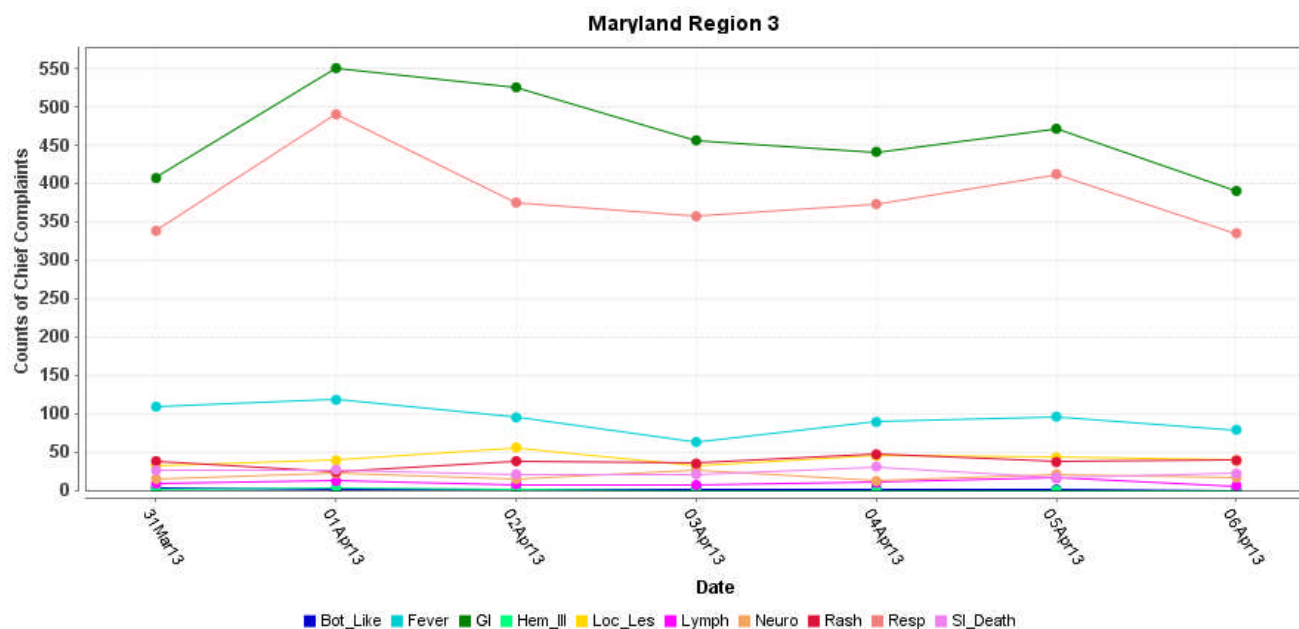


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

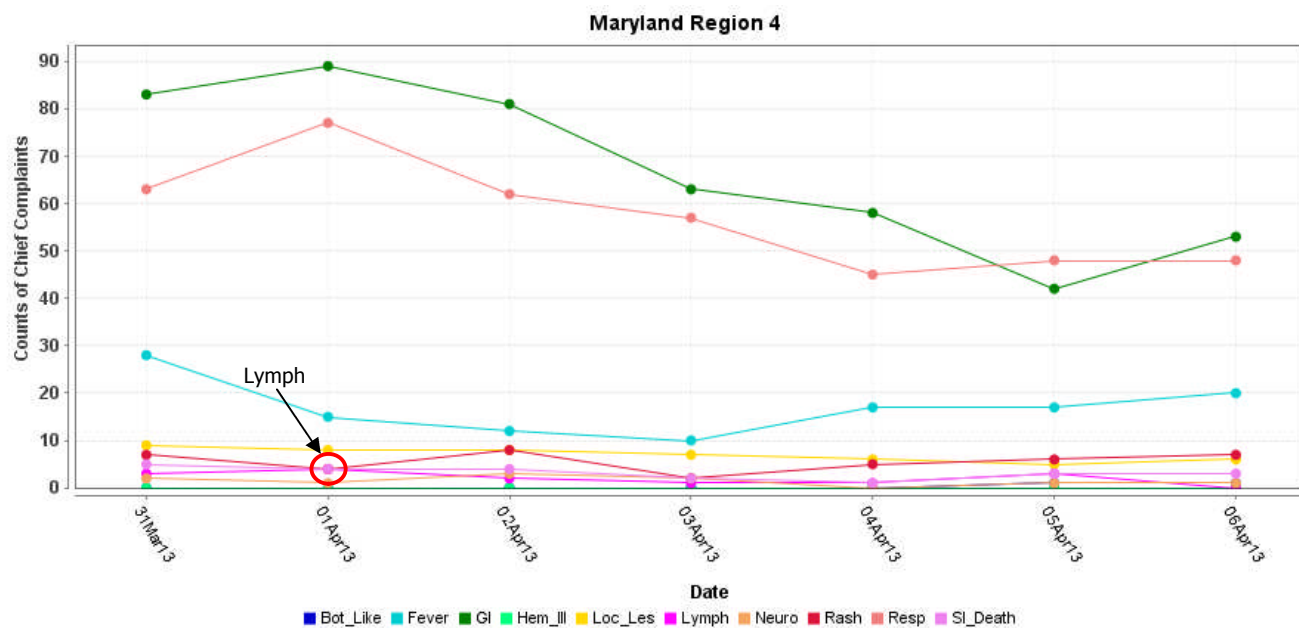
MARYLAND ESSENCE:



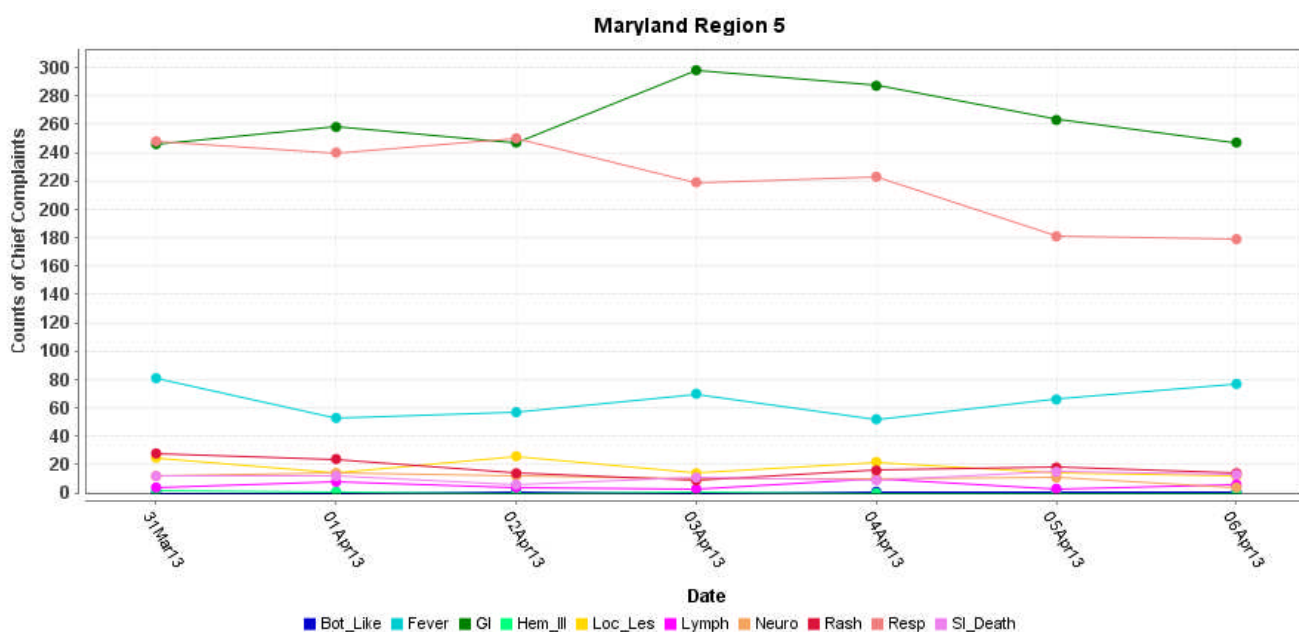
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

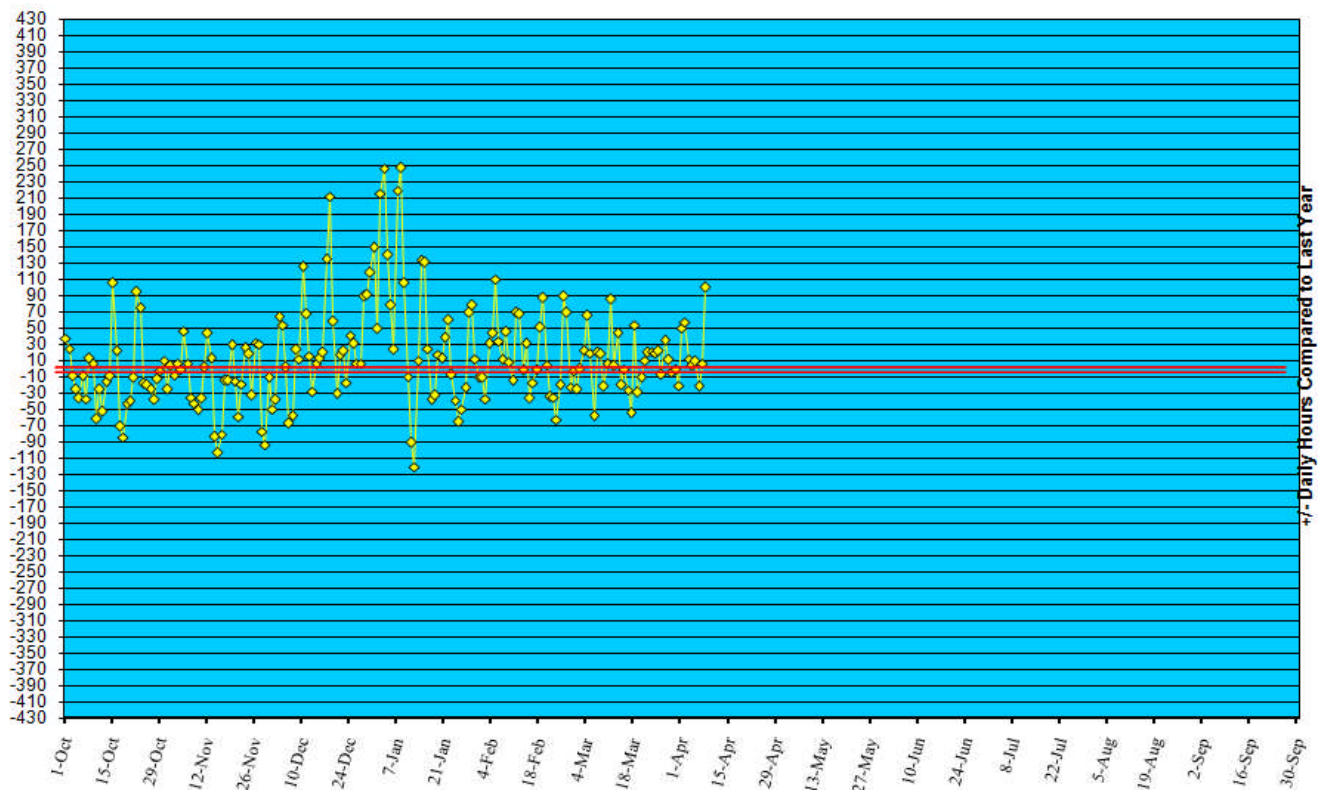


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '12 to April 6, '13



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:

New cases (March 31 – April 6, 2013):

Aseptic

7

Meningococcal

0

Prior week (March 24 – March 30, 2013):

11

0

Week#14, 2012 (April 2 – April 8, 2012):

7

0

6 outbreaks were reported to DHMH during MMWR Week 14 (March 31 - April 6, 2013)

5 Gastroenteritis Outbreaks

4 outbreaks of GASTROENTERITIS in Nursing Homes

1 outbreak of GASTROENTERITIS in an Assisted Living Facility

1 Foodborne Outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

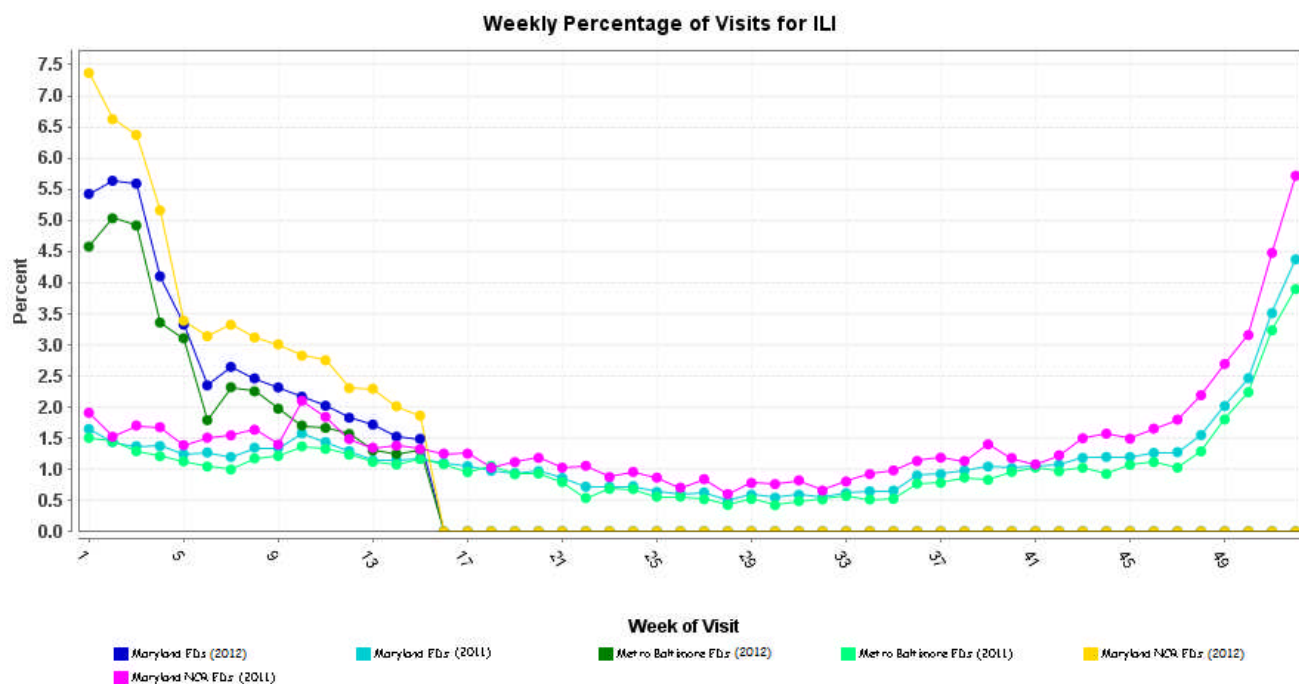
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 14 was: Sporadic Activity with Minimal Intensity.

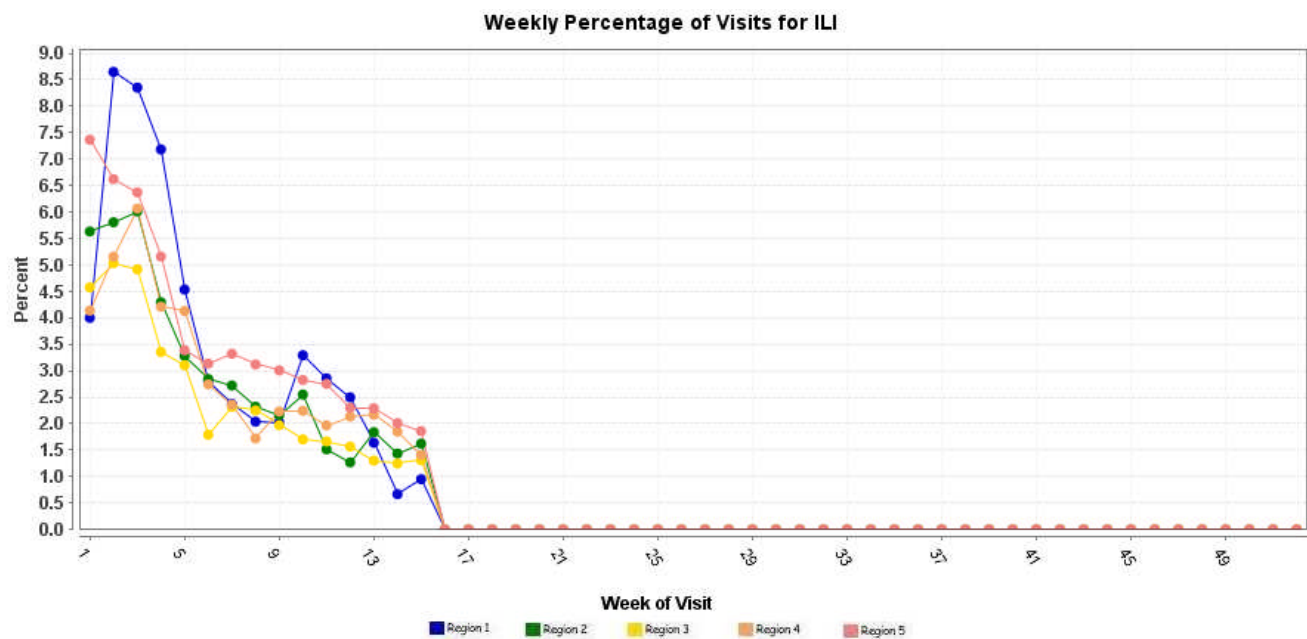
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



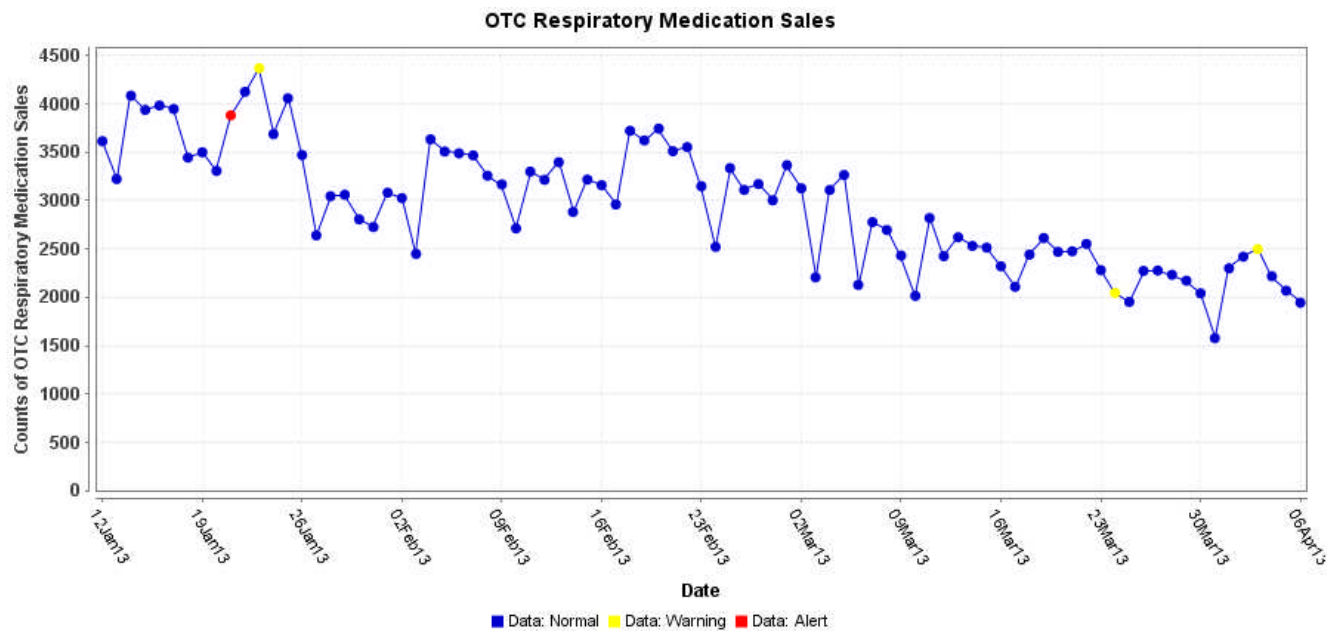
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of March 12, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 622, of which 371 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

AVIAN INFLUENZA (CHINA): 6 April 2013, Shanghai has reported 2 more cases of human infection of a new strain of bird flu [avian influenza virus infection], raising the number of cases in eastern China to 18. 6 of the people who contracted the virus have died. Health officials believe people are contracting the H7N9 [avian influenza] virus through direct contact with infected fowl and say there's no evidence the virus is spreading easily between people. Shanghai's government said Saturday [6 Apr 2013] the latest victims are a 74-year-old peasant and a 66-year-old retiree. The city has been ordered by the agriculture ministry to halt its live poultry trade and slaughter all fowl in markets where the virus has been found.

NATIONAL DISEASE REPORTS*

BOTULISM (CALIFORNIA): 6 April 2013, [The company] Little Mermaid Smoke House is recalling its Smoked Herring and Pickled Herring because the viscera of the fish were not removed and the products now pose a risk of contamination by *Clostridium botulinum*, according to the FDA. Botulism bacteria can cause life-threatening illness and consumers are warned not to eat the products even if they don't look or smell spoiled. The recalled products are manufactured by Little Mermaid Smoke House and were distributed in California. The products are sold as whole fish, packaged in vacuum-sealed packaging, and labeled "Little Mermaid Smoke House." There are no codes listed on the products. The recall includes products sold before 3 Apr 2013. Botulism causes the following symptoms: general weakness, dizziness, double vision, and trouble speaking or swallowing. Infected individuals may also experience difficulty breathing, abdominal distension, and constipation, according to the FDA. People experiencing these problems should seek immediate medical attention. No illnesses had been reported. The sale of unviscerated fish is prohibited because *Clostridium botulinum* spores are more likely to be concentrated in the viscera than any other part of the fish. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (USA): 4 April 2013, A New York snack food maker is recalling about 3 million pounds of frozen pizza, mozzarella bites, Philly cheese steaks and other products linked to a rare and potentially dangerous outbreak of *E. coli* infection. Rich Products Corp. of Buffalo, NY is pulling all products manufactured at its Waycross, Georgia plant. The snacks have best buy dates from 1 Jan 2013 through 29 Sep 2014, according to a press release. The foods may be contaminated with the bacterium *E. coli* O121, which already has sickened 24 people in 15 states who ate certain Farm Rich and Market Day frozen chicken quesadillas, pizza slices and other snack foods; 7 people have been hospitalized, according to the CDC. However, many more people may have been made ill by the products without knowing it because of complexities involved in identifying *E. coli* O121, a strain that can be just as dangerous as the better-known *E. coli* O121:H7 frequently tied to outbreaks. The announcement expands a 28 Mar 2013 recall of 196 222 pounds of Farm Rich brand frozen chicken quesadillas and other frozen mini meals and snack items because they could be contaminated with *E. coli* O121. In 2011, US Department of Agriculture officials banned *E. coli* O121 and 5 other strains -- known as "the big 6" -- from the nation's beef supply. This outbreak is the 1st time Food Safety and Inspection Service officials have recalled products potentially tainted with *E. coli* O121. The particular strain involved in this outbreak is so rare that its genetic fingerprint has been seen less than 30 times in PulseNet, the CDC's network of laboratories that track bacteria involved in foodborne illness. The New York State Department of Health identified the outbreak strain of *E. coli* O121 in an opened package of Farm Rich brand frozen mini chicken and cheese quesadillas from an ill person's home, the CDC said. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

FOODBORNE ILLNESS (EGYPT): 2 April 2013, Hundreds of Egyptian students angered by a mass outbreak of food poisoning at a Cairo university on Tuesday [2 Apr 2013] stormed the offices of the country's top Muslim cleric, who presides over the institution. The Monday [1 Apr 2013] outbreak at al-Azhar University forced the hospitalization of 479 students, health ministry official Khaled el-Khateib said. It occurred after a meal served at the university dormitories in Cairo's Nasr City district. The university is affiliated with Al-Azhar mosque, the world's foremost seat of Sunni Muslim learning, and awards degrees in sciences and humanities as well as in religious studies. Ahmed el-Tayeb, the Grand Imam of Al-Azhar, whose offices were attacked, is the university's ultimate authority. Underlining the gravity of the incident, Egypt's top prosecutor ordered an investigation into the outbreak, and Islamist President Mohammed Morsi visited one of the several Cairo hospitals to which victims were taken. Food poisoning is not uncommon in Egyptian university dormitories, where basic hygiene standards are often not observed, but the latest outbreak is the largest. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

GASTROENTERITIS (AUSTRALIA): 3 April 2013, There are fears a gastroenteritis outbreak caused by contaminated oysters in Tasmania over the Easter weekend has spread interstate. Tasmania's Director of Public Health, Dr Roscoe Taylor, confirmed on Wed 3 Apr 2013 that Victoria's health department was "investigating cases of gastro that may be related to eating Barilla Bay oysters supplied on 25 Mar 2013." The announcement comes hours after Tasmania's Department of Health and Human Services confirmed that more than 60 Tasmanians had contracted gastroenteritis after eating oysters traced to Barilla Bay Seafoods and grown at Dunalley in the state's south. A spokesman for the department confirmed that the contaminated oysters were also sold in Melbourne and Sydney. It is believed that up to 20 people in Melbourne have reported the illness; however, tests have not yet confirmed whether they are linked to the Barilla Bay oysters. "There are reports of Victorian people having gastro," the spokesman said. "There is a

smoking gun, but as yet, there is no direct link proved by testing at this stage." Barilla Bay Seafoods halted the sale of its oysters on Sun 31 Mar 2013 pending investigations, and all potentially contaminated shellfish have been withdrawn across Australia. The department said it did not yet know what caused the contamination. It is not believed to be related to a sewage spill at nearby Pitt Water and Island Inlet which forced the closure of several leases last week. However, it is still investigating how a lease owned by Barilla Bay in a separate growing area came to be contaminated. The department said the batches of oysters that caused the gastro outbreak were harvested on 27-29 Mar 2013 and may have been sold up to and including Easter Sunday [31 Mar 2013]. Barilla Bay Seafoods was not available for comment; however, the executive officer for Oysters Tasmania, Tom Lewis, said he believed the contamination was isolated. "All evidence at the moment is pointing towards just oysters from one lease that were harvested between Monday and Friday of last week. So, it's a really small, isolated incident from everything we know at the moment," he said. "My feeling is if it was broader than that, we would be seeing evidence of that already, and we're not." "Victorian consumers should contact Victoria Health for more information about gastro symptoms," Dr Taylor said in a statement. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmd.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmd.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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